

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037564

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9122

FILED SEP 10 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 1 Mo. 6 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital, Inc.		c. CITY OR TOWN d Nevada	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 503 S. Spring (If outside, give location)	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last John David Gibson		Month Day Year September 10, 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-19-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Persnl Telegrapher		10b. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (last birthday) 69
11a. FATHER'S NAME William Gibson		11b. MOTHER'S MAIDEN NAME Emma Davis	11c. NAME OF HUSBAND OR WIFE Cora
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (If Yes, give war or dates of serv) No		13. SOCIAL SECURITY NO.	
14. INFORMANT Cora Gibson, 503 S. Spring, Nevada, Mo.		Address	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septicemia & leukopenia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pyelonephritis DUE TO (c) Benign Prostatic Hypertrophy		INTERVAL BETWEEN ONSET AND DEATH 36 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prob. acute leukemia		PART III. If deceased was female was there a pregnancy in last 90 days. 6/10 x H <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from August 4, 1963 to Sept. 10, 1963 and last saw him alive on Sept. 10, 1963		Death occurred at 10:40 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE R. J. [Signature]		22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED 9/10/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9-10-63	23c. NAME OF CEMETERY OR CREMATORY Maplewood, Cemetery	23d. LOCATION (City, town, or county) Harrison, Arkansas.
24. FUNERAL DIRECTOR Christeson Burial Ass'n. Harrison, Ark.		25. DATE REC'D. BY LOCAL REG. SEP 11 1963	26. REGISTRAR'S SIGNATURE Earl Smith M.P.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

SEP 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.